

Testimony to the Little Hoover (Milton Marks) Commission
On the subject of the Governor's Reorganization Plan 1:
Reforming California's Boards and Commissions

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Mr. Chairman and Members of the Commission, thank you for the invitation to comment today on the Governor's reorganization plan. I am Ed O'Neil and a Professor of Medicine, Dentistry and Nursing at the University of California, San Francisco where I also direct the work of the Center for the Health Professions. For the past twenty years my research work has been focused on the health care system and the ways in which the various health professions contribute to the quality and costs of that system.¹ It is from that perspective that I offer my comments today. Some of my views have relevance to any state regulatory function, but I will be commenting only on those in health care.

To assess any public system of regulation one has to ask who has been served, how well and at what costs. The regulatory structure of that guides and shapes the practice of medicine, dentistry, nursing and over 200 other health professions grew up in this country in the late nineteenth century. During that time professions were attempting to bring the promise of modern science to the public, establish themselves as independent entities, and comport with the growing calls for accountability from the public in an age we still call Progressive. Out of this crucible our modern system of state sanctioned regulation of the health professions developed which includes licensure of health professions and accreditation of health professional schools. To this end in every state in the union these regulations define standards for entry to practice, limit the parameters of practice, create rules for practice, monitor abuse, and punish offenders.

Has this system of regulation led in the creation of an effective system of care? The answer is a familiar, depressing and daunting litany. The U.S. health care system is the most expensive in the world. Where we spend 15% of our GDP no other country that we would benchmark against spends more than 10% and many get by with seven or eight percent. Our costs continue to rise at a rate faster than these others nation's as well. This cost is about \$6,000 for every man, woman and child, but unlike all of those other countries, we leave out 15% of the population from health insurance coverage. As you know in California that number approaches 25%. As to performance, we experience tens

¹ See, for example, *Strengthening Consumer Protection: Priorities for Health Care Workforce Regulation* Pew Health Professions Commission, October 1998; *Reforming Health Care Workforce Regulation: Policy Considerations for the 21st Century* Pew Health Professions Commission, December 1995.

of thousands of avoidable deaths each year, because of an inadequate and ineffective approach to patient safety and quality.

How the health professions are regulated has not created every dimension of each one of these problems. But I am here to testify that on balance the system that we have does more to protect the interest of the health professional than it does to create a system of care which is safe, affordable and accessible to every Californian. So, I support the general direction of the proposal by the Governor for sweeping change in the regulatory machinery. We must have a system of regulation which does a better job of serving the public's interest, even when goes against the interests of the professions.

However this support comes with a caveat. Merely tearing down what we have and sticking some of the functions into a public agency will endanger the public's health. A unified health professional regulatory function must address four critical areas to help in building a system of health which is responsive, safe and affordable.

The first task is the creation of a process that supports a scientific and impartial determination of the scope of practice for each profession. The first criteria must be an assessment of patient safety. This determination must be drawn from an evidence base and be consistently in the public's interest addressing issues of access, safety and cost of care.

The second key regulatory function must be a system of discipline that works effectively to remove those practitioners who endanger the health of the public. These standards must be established and systematically enforced. Such a system should also make it easier for conscientious professionals to practice without fear of unwarranted reprisals.

Assurance of the continuing competence of all health professionals is the third core activity. This must be based on a regular assessment of competence; which is coupled with a non-punitive, corrective educational program.

Finally, the effort must work to make more and better quality information available at the individual practitioner level. These data cannot afford to reside in state agencies or insurance companies, but will need to be shared with the broad consuming public. Again, this needs to be done in a manner which improves practice and protects quality practitioners.

There are many details that will need to be addressed before such a sweeping proposal goes forward. But, I am convinced that such a reform agenda, adequately designed can work to make significant improvements in the overall quality of care, how much it costs and who has access to it. The Center for the Health Professions at UCSF is prepared to draw on its vast experience in this area to assist the Governor and the state Legislature in the development of these details in order to arrive a policy proposal that can meet these ambitious, but vitally needed ends.